PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10-807-025

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	NAHT F	
_			(Column 1)		(Colu	(Column 2)		TYPE		OR		ENTITY	
TOTALCLAIMS			30					RATE	FEE]	RATE	FEE,	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		. 10		1	X\$ 9=		OR	X\$18=	180	
INDEPENDENT CLAIMS			3 minus 3 ≈		0			X43=		OR	X86=	1	
MULTIPLE DEPENDENT CLAIM PRESENT] [+145=		OR	+290=	7	
* 11	f the difference	e in column 1 is	less than z	ero, enter	"0" in 0	column 2		TOTAL	1	OR	TOTAL	950	
os-	Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	 	CLAIMS	T -	HIGHE		(Column 3)	' г	JIIAEE	ADDI-	1 1	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 25	Minus	- 3	0	<i>- 0</i>] [X\$ 9=	•	OR	X\$18=		
AME	Independent FIRST PRESE	NTATION OF MI	Minus ULTIPLE DEI	PENDENT	CLAIM		┨╏	X43=		OR	X86=		
								+145=		OR	+290=		
								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	0	
		(Column 1)	-	(Colum	n 2)	(Column 3)			-				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		.:	JΓ	X\$ 9=		OR	X\$18=		
4ME	Independent	•	Minus	***		= .]	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM	. 🔲	┚┞	+145=		OR	+290=		
								TOTAL		OP L	TOTAL		
(Column 1) (Only 100) (Only 100)													
AMENDMENTC		CLAIMS REMAINING . AFTER	·	HIGHES NUMBE PREVIOU	ST ER ISLY	PRESENT EXTRA		RATE 1	ADDI- TONAL	. [RATE	ADDI- TIONAL	
	Total	AMENDMENT .	Minus	PAID FO				Y8 0	FEE	ŀ	X240	FEE	
N N	Independent	•	Minus	***		=	ŀĿ	X\$ 9=		OR	X\$18=		
⋖├	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=		
* If the potry in column 1 is less than the contain solution 2 units at inside a											+290≘		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
. T	he "Highest Num	nber Previously Paid ber Previously Paid	For (Total or	SPACE is li Independent	ess than i) is the h	3, enter "3." ighest number	•		opriate box			•	
					•						•		